Coronavirus Disease 2019 (COVID-19) Update

Infectious Disease Epidemiology and Outbreak Response Bureau

April 28, 2020

The information in this presentation is current as of April 28, 2020, unless otherwise noted, and subject to change.

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Epi Summary

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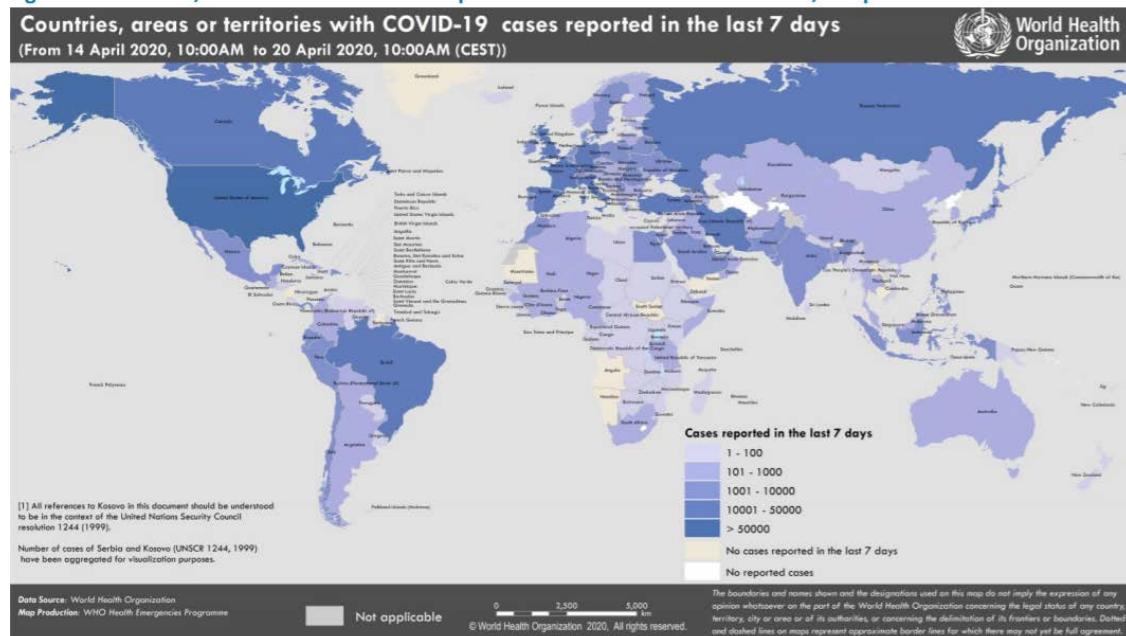
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Worldwide: COVID-19

- Cases
  - Total: 2, 878,196
  - Past 24 hrs: 85,530
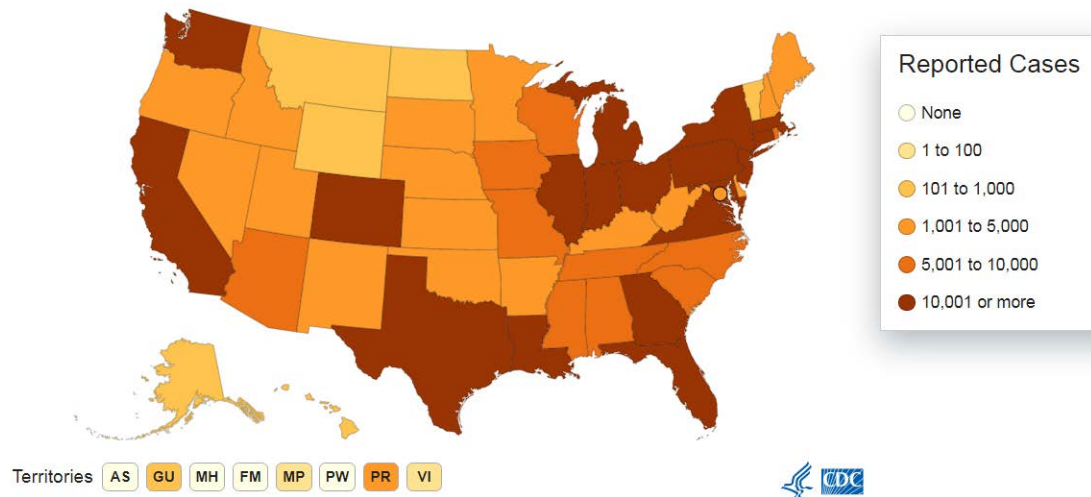
- Deaths
  - Total: 198,668
  - Past 24 hrs: 4982

Data current as of April 27, 2020

U.S.: COVID-19

- Cases: 957,875

- Deaths: 53,922

Data current as of April 26, 2020

Source: CDC, https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html , accessed April 28, 2020

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Maryland: COVID-19

- Confirmed cases   20,113

- Negative test results   87,672

- Confirmed deaths   929

- Ever hospitalized   4,268

Source: https://coronavirus.maryland.gov/, accessed April 28, 2020

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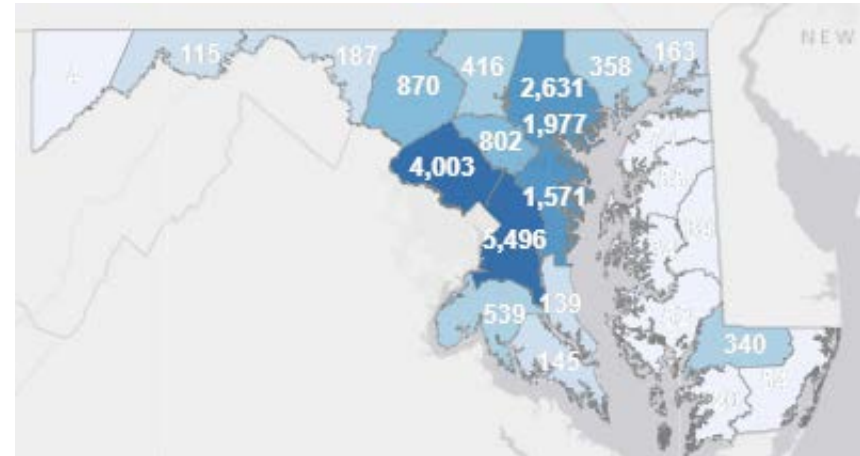
Surveillance Reminders

- **Reporting source:** Always fill out the Reporting Source in investigations. This is especially important when there is no ELR associated with the investigation.

- **Out of state residents:** If you discover a patient is not a MD resident, change the case status to "Not a Case" so they will not be counted as a Maryland case.

- **Jurisdiction:** Check REDCap to identify jurisdiction changes that are needed. Send any discrepancies to mdh.didsurveillance@maryland.gov

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Surveillance Reminders, cont.

- **Duplicates**
  - Run the COVID investigations report in NEDSS to check for duplicates. If a duplicate is identified, mark one of the investigations as "Not a Case" and the other as "Confirmed".
  - There should only be 1 investigation per case.

- **Confirmed Cases**
  - The only type of lab confirmed evidence that should be used to create **confirmed cases** is detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test
  - Confirmed cases should **not** be created based on rapid tests or antibody tests.

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Exclusion for HCP with potential exposure to COVID-19

- 14 day exclusion is NOT mandatory.

- In most cases, exposed workers can continue to work so long as they regularly monitor themselves for fever and symptoms of COVID-19, use facemasks or cloth face coverings for source control, and not report to work when ill.

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COVID-19 Specimen Collection Refresher

Liore Klein, MSPH

April 28, 2020

Step One

MDH Paper Requisition Forms

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Required Elements

- Submitter information

- Ordering provider

- Patient demographics

- Collection date

- Test type

- Specimen Source

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Submitter Information

- Health Care Provider: Collection facility or local health department
  - When in doubt, use the collection facility.
  - Facility address, point of contact, phone and fax are all required
- Submitting facility = where results are returned to

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Ordering Provider

- Who can be an ordering provider?
  - Local health department submitters: use LHD-designated provider
  - Facility submitters: facility can either use patient's assigned health care provider or use facility medical director (with their consent)

Patient Demographics

Patient SS # (last 4 digits):		
Last Name		☐ SR ☐ JR ☐ Other:
First Name	M.I.	
Date of Birth (mm/dd/yyyy)	/ /	
Address		
City	County	
State	Zip Code	

Sex: ☐ Male   ☐ Female   ☐ Transgender M to F   ☐ Transgender F to M   Ethnicity: Hispanic or Latino Origin? ☐Yes ☐ No
Race: ☐ American Indian/Alaska Native ☐Asian ☐Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

MRN/Case #	DOC #	Outbreak #	Submitter Lab #

- Minimum required elements:
  - Patient Name
  - Patient Date of Birth

- Strongly encouraged:
  - Sex
  - Race/Ethnicity

- Outbreak number:
  - Mandatory if LHD is submitter
  - Helps distinguish facilities

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Test Type and Specimen Source

OTHER TESTS FOR INFECTIOUS AGENTS

Test Name: _____

Prior arrangements have been made with the following MDH Labs Administration employee:

_____

SPECIMEN SOURCE CODES
PLACE CODE IN BOX NEXT TO TEST

B	Blood	SP	Sputum
BW	Bronchial Washing	T	Throat
CSF	Cerebrospinal Fluid	URE	Urethra
CX	Cervix/Endocervix	UFV	Urine (1st Void)
E	Eye	UCC	Urine (Clean Catch)
F	Feces	V	Vagina
N	Nasopharynx/Nasal	W	Wound
P	Penis	O	Other: _____
R	Rectum		

- Test Name: COVID-19
- Specimen Source:
  - Nasopharyngeal (N)
  - Oralpharyngeal/throat (T)
  - Nasal (N) but also specify
- Testing Priority:
  - If collected outside an outbreak, list A, B, C, or D.

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Step Two

Packaging COVID-19 Specimens

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Specimen Tube Requirements

- All specimens must be labeled with the following:
  - Name
  - Date of Birth
  - Collection Date

- These identifiers MUST match the accompanying lab slip.

- Unlabeled tubes are automatically rejected, regardless of whether or not a lab slip is included.

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Preventing Specimen Rejections

Cap not closed
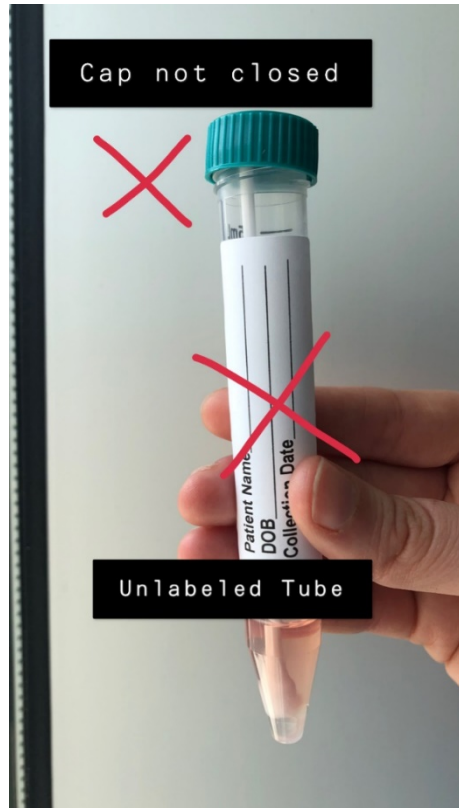
Unlabeled Tube

- Common rejections:
  - Unlabeled tube
  - Leaked in transit

- To avoid leaks, make sure to break the swab low enough to tightly seal the tube.

Discard this end.

Viral Transport Media for PCR Use Only
Manufactured by MDH Laboratories Administration
L#MDH033120 Expires 5/31/2020

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Specimen Packing: Lab Slips

- Place lab slips in external pocket of biohazard bag
  - DO NOT place lab slip in main compartment with specimens.

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Correct Example

Cap screwed on tightly?

Swab shaft low enough?

Swab inside tube?

Cap Closed Tightly

Patient Name John Doe
DOB 01/01/1900
Collection Date MM/DD/YYYY

Tube Labeled

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Specimens must be delivered with cold packs.

Using your courier's coolers and cold packs is acceptable. Please do not send specimens in shipping envelopes.

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Additional Considerations

- Paperwork errors are the most significant reason for delayed results.

- Existing fillable form and Lab-Web Portal can reduce paperwork errors.

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Preparedness and Response

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Office of Preparedness and Response

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Question?

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Daily Outbreak Reporting

Jordan R. Cahoon, MPH
Division of Outbreak Investigation

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Why do we ask you to report?

- **Rapidly Changing Numbers**
  - Situations in facilities can change (and deteriorate) rapidly.
  - Allows facilities, LHDs and MDH to monitor:
    - Number of ills, cases, pending tests and deaths in close to real time
- **Situational Awareness**
  - Local and state public health, government, and other partners
  - Numbers from outbreaks are aggregated
  - Understand picture locally and state-wide

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What do we ask you to report?

Facility Information (One Time)

- Name, address, phone number
- Type of facility
- Contact person
- First onset
- Counts:
  - Number of total residents
  - Number of total staff

Daily Outbreak Reporting

- New & Totals, by residents & staff:
  - Number of ills
  - Number of positive cases*
  - Number of negative cases
  - Number of pending tests
  - Number of hospitalized positive cases
  - Number of ICU admitted positive cases
  - Number of deceased positive cases*
  - Names and DOBs of deceased cases*
  - Line list

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COUNTY	INVESTIGATOR	REPORTED DATE	OUTBREAK NUMBER	MDH INVESTIGATOR
FACILITY NAME		FACILITY ADDRESS		
FACILITY PHONE	FACILITY CONTACT	FACILITY CONTACT PHONE	TYPE OF FACILITY ☐ Assisted Living ☐ Nursing Home ☐ Hospital ☐ Other:	
DATE OF REPORT	NUMBER OF RESIDENTS	NUMBER OF STAFF	FIRST ONSET DATE	MOST RECENT ONSET DATE

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		RESIDENTS	STAFF	TOTALS
ADDED TODAY:	ILLS			
	COVID POSITIVE TESTS			
	COVID NEGATIVE TESTS			
	PENDING TESTS			
TOTALS:	ILLS			
	COVID POSITIVE TESTS			
	COVID NEGATIVE TESTS			
	COVID PENDING TESTS			
	COVID POSITIVE CASES HOSPITALIZED			
	COVID POSITIVE CASES IN ICU			
	COVID POSITIVE CASES DECEASED			

SUMMARY OF TODAY'S UPDATES

ILL= Positive + Negative + Pending + Symptomatic but not tested
"TESTS" = "CASES"

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Line List for Residents/Patients | +=Positive, NT=Not Tested, N=Negative, P=Pending

Name	Age	Sex	Room No. or Shift* & Unit*	Date of Onset	Duration of Illness	Fever (Record highest temp.)	Cough	Sore Throat	Runny Nose	Congestion - Nasal	Congestion - Chest	Shortness of breath	Muscle Aches	Vomiting	Diarrhea	Pneumonia	X-ray Results (if taken)	Hospitalized	ICU	Death (Date)	Influenza PCR	Influenza Rapid Antigen	Bacterial sputum culture	Legionella urine antigen	Strep pneumo	Respiratory panel	COVID 19	Date of COVID 19 test

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Prevention and Health Promotion Administration

https://phpa.health.maryland.gov

Child Care Guidance Update – April 28, 2020

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Jamie Perry, MD, MPH

Child Care Program Closure - Summary

A child care program should close if:

- There is a **LABORATORY CONFIRMED COVID-19 CASE or PROBABLE CASE***; **AND**

- The person who is the case or probable case was present in the child care program building within 48 hrs. prior to developing COVID-19 symptoms; **AND**

- The person who is the case or probable case had close, prolonged contact, as defined by the CDC, with center staff and/or children

*Probable Case is defined as a child care staff member, child, or another person with symptoms of COVID-19 regardless of whether they are tested or when test results are not known

Closure Considerations – Outbreak Definition

- Closure guidance recommends closure for **one** confirmed or probable COVID-19 case

- Child care programs **DO NOT** need to meet the definition of an outbreak to close

- Outbreak in child care:
  - **Family Child Care Homes:** Two or more people (i.e. provider, provider's household or child in care) with signs or symptoms of COVID-19, including at least 1 person with laboratory-confirmed COVID-19, in 14 days
  - **Child Care Center:**
    - Two or more people (i.e. staff or child) in the same classroom with signs or symptoms of COVID-19, including at least 1 person with laboratory-confirmed COVID-19, in 14 days OR
    - Three or more people (i.e. staff or child) in the center with signs or symptoms of COVID-19, including at least 1 person with laboratory-confirmed COVID-19, in 14 days

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Closure Considerations – Household Contacts

- Family child care home versus child care center
  - Vast majority of child care programs are "family child care homes"
  - The child care site is the home of the provider who is the primary staff person (although other adult household members may assist)
  - The provider may or may not be caring for his/her own child as part of the program
  - A confirmed or probable case in any of the provider's household members should be considered an exposure risk to the provider and all of the program's children
  - Programs should be closed for confirmed or probable cases in any household member of the provider

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Closure Considerations – Exposure Risk from Parents

- Both family child care homes and child care centers are taking measures to limit exposures from parents and other adults, for example:
  - Parents may complete drop off/pick procedures at the door and not enter the child care program at all
  - Parents may be confined to the immediate entrance area for drop off/pick up procedures
  - Social distancing and of cloth face coverings are being used during temperature and symptom screening
- It is important that LHDs understand and ask about these measures when assessing exposure risk from a confirmed or probable COVID-19 case in a parent

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Closure Considerations – Exposure Risk from Parents (cont'd)

- If the child of the parent with confirmed or probable COVID-19 is asymptomatic AND the LHD determines no close, prolonged contact of the parent with other program staff or children, then the program may remain open
  - The child of the confirmed or probable COVID-19 parent will need to quarantine for a minimum of 14 days AFTER the parents is released from isolation by their health care provider
  - If the child becomes symptomatic within 48 hours of his/her last day in the program (or other children or staff become symptomatic), the program will need to be reassessed for closure

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Closure and Re-Opening

- Initial closure should be for 2-5 days while determining long term course which may include closure for 14 days or more
    - LHDs need to give specific guidance around this initial closure, including when they will follow-up with program to give guidance about total closure duration
- If all staff and children remain asymptomatic in the 48 hours after last possible exposure, closure should be for 14 days
    - LHDs should give the provider the date that they can reopen; this should be calculated from the last date of possible exposure
- If the person who is the probable case of COVID-19 is tested, and the result is negative, the program may re-open; the ill person must remain at home until 24 hours after they are fever free without the use of fever reducing medications.

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Cloth Face Coverings in Child Care

- MDH/MSDE have developed *recommendation*s based on CDC guidance:
  - Adults should use cloth face coverings throughout the work day while in the child care center or family child care home;
  - Child care staff and parents should use cloth face coverings during drop-off and pick-up and when parents are performing, and staff are observing, temperature checks;
  - Children age 5 years and older should wear a cloth face covering while they are in the child care center or family child care home **when this can be accomplished safely and consistently**;
  - **Cloth face coverings should NOT be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.**

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Communication/Concerns about Child Care

- Please direct any concerns about child care adherence to executive orders or other state policies regarding COVID-19 to MSDE rather than law enforcement
  - Contact: Jennifer Nizer, Office of Child Care
    - 410-767-7806 or jennifer.nizer@maryland.gov

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